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I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b).					
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Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used):					
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as attorney(s) or agent(s) to represent the undersigned before the United States Patient and Trademark Office (USPTO) in connection with any and all patient applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b).					
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Assignee Name and Address:					
Coherent GmbH					
Hans-Böckler-Strasse 12 37079 Göttingen					
GERMANY					
A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/SB/96 or equivalent) is required to be					
filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed.					
SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee					
Signature		(سخ	Date 7/2	21 10	
Name	Helene Simonet		Telephone 408-764-416/		
Title	Managing Director				